ears were better. Maybe they just needed more time. We all agreed to follow up in two weeks.

The final visit went as scheduled. Lianni's ears were absolutely normal. There was no evidence of scarring, fluid, or perforation on either side.

Maybe we had simply been lucky. This was only one of perhaps 300 or more ear infections I would see this year. In the end I was left with more questions than answers. Would most of my colleagues trained in allopathic medicine have been uncomfortable with the open-ended situation at the end of our first visit? Should I have been more authoritarian and directive? Should I have said that I would refuse to see them if they did not comply with my suggestion for antibiotics?

I was interested in the fact that Lianni's ear infection had cleared so completely with the aid of herbal remedies. I will never know whether it would have improved without any therapy. On the other hand, I have seen ear infections persist despite treatment with a series of antibiotics—two weeks each of amoxicillin, trimethoprim-sulfamethoxasole, and cefaclor.

None of this musing has changed my therapeutic approach to this common problem. What I had done was to be there as a support and resource should Lianni have gotten sicker. My uneasiness with the situation never surfaced consciously until she was cured. It was kept in control during my contact with her family by a sense of trust: I trusted the family to return if there was a problem; they trusted me not to reject their unorthodox approach. Maybe that was what made the difference.

* * *

"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

JONATHAN E. RODNICK, MD
STEPHEN J. McPHEE, MD
Series' Editors

Gold

PARENTERAL GOLD is sort of the tried and true drug that has been available for years. There's an interesting sort of side story on intramuscular gold—how it ever got started to be used. Back in the 1800s many diseases were thought to be due to infections. Infections were treated with heavy metals—syphilis, as you know, was treated with arsenic compounds. Rheumatoid arthritis was suspected to be due to tuberculosis, which was thought to be curable, or at least treatable, by gold salts. As a result, people with rheumatoid arthritis started being given intramuscular gold salts and, in fact, they did get better. We now know, or at least we think we know, that rheumatoid arthritis is not caused by tuberculosis. An interesting thing is that when people have studied it, the tubercule bacillus is, in fact, inhibited in growth in vitro by gold salts. So, it's an interesting medical-historical phenomenon. Nobody knows exactly why it works.

—PAUL A. FEIGENBAUM, MD

Extracted from *Audio-Digest Family Practice*, Vol. 37, No. 20, in the Audio-Digest Foundation's series of tape-recorded programs. For subscription information: 1577 E Chevy Chase Dr, Glendale, CA 91206